

Sprinkler Permit Application

Office use only

Permit no.:

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is ☐ Architect/engineer ☐ Contractor ☐ Owner

Condominium no.

Property owner

Name

Phone

Address

City

State

Zip

Contractor

Name

Address

City

State

Zip

Phone

Cell phone

License no.

Architect/engineer

Name

Address

City

State

Zip

Phone

Cell phone

Registration no.

Class of work

Check only one.

☐ 1 New

☐ 3 Alteration/remodel

☐ 2 Addition

☐ 4 Maintenance/repair/replace

Type of structure

Check only one.

☐ 01 Single-family residential

☐ 45 Recreational, amusement

☐ 02 Single-family connected to
single-family

☐ 46 Other non-housekeeping shelter

☐ 03 Residential garage

☐ 65 Industrial building

☐ 30 Two family residential

☐ 70 Public works and utilities building

☐ 31 Three - four family residential

☐ 80 Public school

☐ 32 Multiple-family residential

☐ 81 Private school

☐ 40 Offices, banks, professional

☐ 85 Churches and religious building

☐ 41 Stores, restaurants, warehouse

☐ 88 Hospitals and institutional building

☐ 42 Hotels, motels

☐ 93 Other non-residential building

☐ 43 Parking garage

☐ 95 Fences, signs, antennas

☐ 44 Service stations and repair garage

☐ 96 Other non-building structure

Continue to page 2

Project details

Description of work to be done _____

Estimated completion date _____

Fee

Job Cost \$ _____

A. Permit Fee 1% of job cost or \$40, whichever is greater \$ _____

B. Surcharge 0.0005 **X** Job cost \$ _____

TOTAL FEE A + B \$ _____

Please read and sign

I hereby apply for a sprinkler permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant's signature

Date

Do not write below this line

Inspector no. _____ Case no. _____

Conditions of issuance _____

Valuation \$ _____

Other fees? ☐ Yes ☐ No Describe _____ Amount \$ _____

Permit approved by _____ Date _____

Reference no. _____